

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2006-172-T
NUMBER: _____-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Kevin Pendarvis

Telephone:

803-829-2281

Address:

Southern Alternative Transport

Fax:

803-829-2800

5877 Charleston Hwy

Other:

803-309-3551

Bowman, SC 29018

Email:

pendarvisk@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application - Class C Taxi <input type="checkbox"/> Application - Class C Charter <input type="checkbox"/> Application - Class C Charter Bus <input type="checkbox"/> Application - Class C Non-Emergency <input type="checkbox"/> Application - Class E Household Goods <input type="checkbox"/> Application - Class E Hazardous Waste <input type="checkbox"/> Application <input type="checkbox"/> Request for Extension to Comply with Order <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded <input type="checkbox"/> Request for Cancellation of Certificate <input type="checkbox"/> Request for Suspension <input type="checkbox"/> Request for Reinstatement <input checked="" type="checkbox"/> Request for Name Change on Certificate | <ul style="list-style-type: none"> <input type="checkbox"/> Request to Amend Scope of Authority <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) <input type="checkbox"/> Request to Amend Passenger Limit <input checked="" type="checkbox"/> Request <input type="checkbox"/> Exhibit <input type="checkbox"/> Late-Filed Exhibit <input type="checkbox"/> Letter <input type="checkbox"/> Proposed Order <input type="checkbox"/> Publisher's Affidavit <input type="checkbox"/> Reservation Letter <input type="checkbox"/> Response <input type="checkbox"/> Return to Petition <input type="checkbox"/> Other: _____ |
|--|---|

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM

2006. 172. T

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896 - 5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

DATE: 5/17/2010

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # 7725

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Southern Alternative Transportation DBA: _____
 (Current Name) (Current DBA if applicable)

TO: Pendarvis Enterprise LLC DBA: _____
 (New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
 (Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

Kevin Pendarvis / Southern Alternative
 Name & DBA if DBA is applicable Trans.

Bowman, SC 29018
 (City, State, Zip Code)

803- 829- 2281
 (Telephone Number)

5877 Charleston Hwy
 (Street and/or Mailing Address)

Kevin Pendarvis
 (Signature)

Co - Owner
 (Title) Owner, President, etc.



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PENDARVIS ENTERPRISE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 24th, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

RECEIVED

AUG 28 2007

CLERK'S OFFICE

Given under my Hand and the Great Seal of the State of South Carolina this 28th day of August, 2007.

Mark Hammond

Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

AUG 24 2007

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is PENDARVIS ENTERPRISE

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

5877 CHARLESTON HWY
Street Address

BOWMAN
City

29018
Zip Code

3. The initial agent for service of process of the Limited Liability Company is

DAVID W. PENDARVIS III
Name

[Signature]
Signature

and the street address in South Carolina for this initial agent for service of process is

5877 CHARLESTON HWY
Street Address

BOWMAN
City

29018
Zip Code

4. The name and address of each organizer is

(a) DAVID W. PENDARVIS III
Name

5877 CHARLESTON HWY
Street Address

BOWMAN
City

S.C.
State

29018
Zip Code

(b) _____
Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

070828-0007

PENDARVIS ENTERPRISE LLC

FILED: 08/24/2007

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a)

Name	
Street Address	City
State	Zip Code

(b)

Name	
Street Address	City
State	Zip Code

(c)

Name	
Street Address	City
State	Zip Code

(d)

Name	
Street Address	City
State	Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

Form Revised by South Carolina
Secretary of State, January 2000